

GENERAL INSTRUCTIONS
LONG TERM CARE SEMI-ANNUAL REPORT
for NURSING FACILITIES AND NURSING FACILITIES FOR MENTAL HEALTH

WEB FORM INSTRUCTIONS: IF YOU ARE COMPLETING THE WEB VERSION OF THIS FORM, PLEASE NOTE THESE ADDITIONAL INSTRUCTIONS. To move through this interactive form use either the mouse button to place the cursor in a field or use the "Tab" key to place the cursor in the first field and then sequentially move through the other fields (use Shift-Tab to move backwards). To print this form you can use the "PRINT" button in the bottom left corner of page 2 of the form.

▣ FACILITY INFORMATION: Insert Facility Name/Address information as indicated in the upper left section of the form.

Section I. Reporting Period

- a. Answer "YES" if your facility was in operation all days of the six month reporting period. Answer "NO" if your facility was not in operation one or more days of the six month reporting period.
- b. If answer was "NO," record the number of days your facility was in operation during the six month reporting period.

Section II. Resident Capacity - Enter the number of residents indicated on the license for the NF or NF/MH.

Section III. Resident Information

1. Inpatient days include day of admission.

Inpatient days do not include day of discharge and days resident was in another care facility.

- **Count** residents who are visiting outside the facility for one to 150 days who have not been discharged from the facility.
- **Count** residents who die during the day.
- **Do not** count residents who are admitted to a hospital.
- The inpatient days are figured as follows: (Example - if there are 181 days in the six-month reporting period and the facility had 60 residents for 85 days and 58 residents for 96 days, the inpatient days of care would be figured as follows: $(60 \times 85) + (58 \times 96) = 10,668$ days of care.

2. Admissions During the Six Month Reporting Period should include initial admissions and readmissions from hospital stays.
3. For the purpose of this report, a Discharge by Hospitalization is deemed to have occurred if the resident was admitted to a hospital.
4. The number of Discharges by Death should include only those residents who die while considered an inpatient of the nursing facility. Do not include residents who die after being admitted to the hospital as these residents are reported in question three.
5. Discharges by Transfer to another facility would include residents who are discharged from a nursing facility and admitted to a LTC unit of a hospital or a nursing facility. This item should also indicate discharge from a ALF or a RHC unit and admission to a nursing facility within a facility with both levels of care.
6. Discharges by Transfer to ALF, RHC , Home Plus or Boarding Care would include residents who are discharged by a nursing facility and admitted to an assisted living unit or a residential health care unit within a facility with both levels of care.
7. Discharges by Transfer to Community include residents who are discharged to a private home.
8. Other Discharges include discharges not included in nos. 3 through 7.

Note: Visits Outside Facility:

Temporary Leave - If a resident leaves the facility for one through 150 days to visit elsewhere, this is **NOT** counted as an admission or a discharge.

Discharges - If a resident leaves the facility for **151 or more days** to visit elsewhere this is both a **discharge** when the resident leaves the facility, and a readmission when the resident returns, for **purposes of this report**.

Discharges by Hospitalization and Admissions and Readmissions during the six-month period:

- (a) If a resident is admitted to a hospital, the resident is considered discharged from the nursing home for **purposes of this report**.
 - (b) If a resident is discharged from a hospital and returns to the nursing home, that resident is counted as an admission to the nursing home for **purposes of this report**.
 - (c) If a resident is discharged to a hospital and then dies, **for the purposes of this report** show a discharge to a hospital.
9. Total Discharges - add lines 3, 4, 5, 6, 7, and 8 and record in space provided. If completing the interactive version of this form, this total should be calculated automatically.
10. (a) **Count** residents who are visiting outside the facility for one to 150 days who have not been discharged from the facility.
- (b) **Count** residents who die during the day.
- (c) Do **not** count residents who are admitted to a hospital.
11. Indicate the number of residents admitted for respite care. Respite care is defined as admission to the nursing facility for a temporary period of time not to exceed 30 days. Resident admitted from own home and returned to own home.
12. This resident census is used to calculate staffing ratios and includes only residents in the facility on a given day.
- (a) Do **not** count residents who are admitted to a hospital.
- (b) Do **not** count residents who are visiting outside the facility.

Note: If a facility was not in operation during the reference week, use census and staffing from last full week of the reporting period.

These instructions do not change in any way how you are to report reserve days or census information for Medicaid purposes.

13. & 14. Adult Day Care residents are persons who spend part of the day at the facility but return to their home for the rest of the day.

Section IV. Staffing Information

Question 15. Number of Direct Care Staff. Indicate how many full-time and part-time staff were in the position listed during the days listed.

Registered Nurses - Include Director of Nursing regardless of licensed bed capacity.

Question 16. Day Shift, Evening Shift and Night Shift

Registered Nurses - Do not include Director of Nurses in facilities with more than 60 licensed beds.

Activities staff - includes all employees who had responsibility for the activity program during the reference week. If employee has duties other than activity program, record only the time spent in the activity program in this item.

Social service staff - includes all staff responsible for the social services program during the reference week including the licensed social worker. If the employee has duties other than social service program, record only the time spent in the activity program in this item.